

Days 1–15
Protect Your Vaccines
Check Temperatures Twice a Day!

TEMPERATURE MONITORING LOG

Mo./Yr.: _____
 Clinic Name: _____



Instructions: Place an "X" in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. **Store the vaccine under proper conditions as quickly as possible**, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (_____) _____, and 4. **Document the action taken** on this log.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Exact Time of Temp	am	pm														
≥49°F (9.5°C)																
48°F (8.9°C)																
47°F (8.4°C)																
46°F (7.8°C)																
45°F (7.3°C)																
44°F (6.8°C)																
43°F (6.2°C)																
42°F (5.5°C)																
41°F (5.0°C)																
40°F (4.5°C)																
39°F (3.9°C)																
38°F (3.4°C)																
37°F (2.7°C)																
36°F (2.3°C)																
35°F (1.7°C)																
34°F (1.1°C)																
33°F (0.6°C)																
32°F (0.0°C)																
31°F (-0.6°C)																
30°F (-1.1°C)																
29°F (-1.7°C)																
28°F (-2.3°C)																

Freezer temp	≥8°F (-13.4°C)	7°F (-13.9°C)	6°F (-14.4°C)	5°F (-15.0°C)	4°F (-15.6°C)	≤3°F (-16.1°C)	Room temp	Staff Initials

Days 16–31

Protect Your Vaccines

Check Temperatures Twice a Day!

TEMPERATURE MONITORING LOG

Mo./Yr.: _____



Clinic Name: _____

Instructions: Place an "X" in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (_____) _____, and 4. **Document the action taken** on this log.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																
of Temp	am	pm														
≥49°F (9.5°C)																
48°F (8.9°C)																
47°F (8.4°C)																
46°F (7.8°C)																
45°F (7.3°C)																
44°F (6.8°C)																
43°F (6.2°C)																
42°F (5.5°C)																
41°F (5.0°C)																
40°F (4.5°C)																
39°F (3.9°C)																
38°F (3.4°C)																
37°F (2.7°C)																
36°F (2.3°C)																
35°F (1.7°C)																
34°F (1.1°C)																
33°F (0.6°C)																
32°F (0.0°C)																
31°F (-0.6°C)																
30°F (-1.1°C)																
29°F (-1.7°C)																
28°F (-2.3°C)																
Call your Local Health Department																
Freezer temp																
≥8°F (-13.4°C)																
7°F (-13.9°C)																
6°F (-14.4°C)																
5°F (-15.0°C)																
4°F (-15.6°C)																
≤3°F (-16.1°C)																
Room temp																
Staff Initials																